

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/031636

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	(1	
2		1				1
3	1				1	
4	2					1
5	8				1	
6	8				1	
7	2					1
8	8					
9	8					
10	8					
11	6					
12	1					
13	6					
14	6					
15	1					
16	6					
17	6					
18	6					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
25	0					
26	0					
27	0					
28	0					
29	0					
30	1					
31		1				
32		1				
33	2					
34	0					
35	0					
36	0					
37	0					
38	0					
39	6					
40	0					
41	0					
42	0					
43	0					
44	0					
45	0					
46	0					
47	0					
48	0					
49	0					
50	0					
TOTAL IND.					3	
TOTAL DEP.					4	
TOTAL CLAIMS					7	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		2				
54		8				
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS